



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: JOHNSON MEMORIAL HOSPITAL

City of Hospital: FRANKLIN

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$46320671
Outpatient Patient Service Revenue	\$123220373
Total Gross Patient Service Revenue	\$169541044

2. Deductions From Revenue

Contractual Allowance	\$91471258
Other Deductions	\$6163748
Total Deductions	\$97635006

3. Total Operating Revenue

Net Patient Service Revenue	\$71906038
Other Operating Revenue	\$10850926
Total Operating Revenue	\$82756964

4. Operating Expenses

Salaries and Wages	\$36335799	Employee Benefits	\$9209029
Depreciation and Amortization	\$4396179	Interest Expense	\$14992
Bad Debt	\$6047260	Other Expenses	\$24626264
Total Operating Expenses	\$80629523		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2127441	Total Assets	\$89701221
Net Non-operating Gains over Loss	\$560319	Total Liabilities	\$12014804
Total Net Gains	\$2687760		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$74819818	\$50899580	\$23920238
Medicaid	\$15532127	\$12814898	\$2717229
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$79189099	\$27499825	\$51689274
Total	\$169541044	\$91214303	\$78326741

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$25000	\$0	\$25000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$192032	\$-192032
Hospital Patients	\$78084	\$91048	\$-12964
Community Education	\$1437	\$239092	\$-237655

Number of Medical Professionals Trained	1095
Number of Hospital Patients Educated	6115
Number of Citizens Exposed to Health Education Messages	2105

Statement Six: Charity Statement

Hospital Charity Charges	\$6163748
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3698249	
HCI Payments	\$0		
Subtotal	\$0	\$3698249	\$-3698249
Medicaid Shortfalls	\$2218368	\$9294818	
Subtotal	\$2218368	\$12993067	\$-10774699
DSH Payments	\$484,647		
Subtotal	\$2703015	\$12993067	\$-10290052
Medicare Shortfalls	\$18259121	\$44983435	
Other Government Programs	\$0	\$0	
Total	\$20962136	\$57976502	\$-37014366

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0